

MAR 17 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

644
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1. PLACE OF DEATH

County Liberty
Township Liberty
City Liberty

Registration District No. 201
Primary Registration District No. 5280

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. Liberty, Mo #3 St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Elliott Pendugast

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

73 2 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. far self

10. Date deceased last worked at this occupation (month and year) 1 mo. 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russville, Baharian Co. Mo.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Carrie E. Pendugast, R#2 Liberty, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

Liberty, Mo 1/29/36

19. UNDERTAKER (ADDRESS) Chas. Archer Co, Liberty, Mo

20. FILED 28 19 6 E T Braut Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1936

22. I HEREBY CERTIFY that I attended deceased from Jan 25 to Jan 28, 1936.
I last saw him alive on Jan 28, 1936. Death is said

to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Wallace, M. D.(Address) Liberty, Mo

